

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

6318

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name Robert J Boston

P.O. Box, Bldg., Room No., if any

Street 1542 Burnley Street

City Camarillo

State California ZIP Code + 4 93010-3048

4. Name, file number, and address of labor organization.

Name Plumbers and Steamfitters Local Union 484

Labor Organization File Number 011-748

P.O. Box, Building and Room Number, if any

Street 1955 North Ventura Avenue

City Ventura

State California ZIP Code + 4 93001-1306

5. Position in labor organization.

Business Manager

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Robert J. Boston

On

03/01/2006

Date

805/643-6345

Telephone Number

Name of Person Filing Robert Boston	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name So Cal Pipe Trades Administrative Corp.</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street 501 Shatto Place, Fifth Floor</p> <p>City Los Angeles</p> <p>State California ZIP Code + 4 90020-1478</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>				
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>Trustee</p> <hr/> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <table style="width: 100%;"> <tr> <td>Educational conference</td> <td style="text-align: right;">\$960</td> </tr> <tr> <td>Meals</td> <td style="text-align: right;">\$109.66</td> </tr> </table> <p>12.b. Amount. \$1,070</p>	Educational conference	\$960	Meals	\$109.66
Educational conference	\$960				
Meals	\$109.66				

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Robert Boston

LM-30 Reporting
(2005 Expenses)

Reimbursement Expenses at Educational Conferences				Meal Expenses		TOTAL
	I.F. Conference		TOTAL	Appeals/Fullboard /Delinquency/ Finance* January-December	Trustee Meetings TOTAL	
	Pre Conference	Registration				
Trustee Training	\$ -	\$ -	\$ -			
IF Annual Meeting	\$ -	\$ 960.00	\$ 960.00	\$ 109.66	\$ 109.66	\$ 1,069.66
			\$ 960.00			
			\$ 960.00			

* Trust Fund Meetings: 2/3/2005, 4/27/2005, 7/20/2005 & 10/26/2005